

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Buenavista Adult Residential Care Home	CHAPTER 100.1
Address: 81-2010 Haku Nui Road, Captain Cook, Hawaii 96704	Inspection Date: September 22, 2021 – Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.  <u>FINDINGS</u> One (1) copy of four (4) week menu available. Menu #3 posted in dining area. No menu #3 available for review in kitchen.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Copy of 4 weeks menu posted on the cork board in the kitchen available for review.</i></p>	<p style="text-align: center;"><i>Oct. 8, 2001</i></p>

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<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.  <u>FINDINGS</u> One (1) copy of four (4) week menu available. Menu #3 posted in dining area. No menu #3 available for review in kitchen.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will put a reminder note on the cork board in the kitchen.            It reads "Check 4 weeks Menu."            available @ the Residents Dining Area and kitchen.            = I also included in my things to do list every month.            = when I weigh Resident to make sure Menu posted in the the Residents dining area &amp; kitchen.</i></p>	<p><i>Oct 8, 2021</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.  <u>FINDINGS</u> Refrigerator #1 – thermometer read 48° F.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I bought 4 new refrigerator digital thermometer.</i></p>	<p style="text-align: center;"><i>Oct 8, 2021</i></p>

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<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation</u> , (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.  <b>FINDINGS</b> Refrigerator #1 – thermometer read 48° F.	<p style="text-align: center;"><b>PLAN TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><b><u>PART 2</u></b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I put 2 digital Thermometer 2 each in my Refrigerator in case that the other is not working. - I also check temperature once a month when I do check the smoke alarm.</i></p>	<p><i>Oct 8, 2021</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-88 Case management qualifications and services. (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:  Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;  <u>FINDINGS</u> Resident #1 – care plan entitled "Nutrition" – intervention listed: "Thick it to thicken ptn, nectar/honey/pudding consistency as appropriate." However, no physician/APRN order for use of supplement.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, I talked to my Resident Care Manager. Updated nutrition care plan. Removed "thick-it to thicken plan" since no APRN order.</i></p>	<p><i>Oct 8, 2021</i></p>

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Licensee's/Administrator's Signature:

Sandy M. Buenavista

Print Name:

Sandy M. Buenavista

Date:

10/8/2021